

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011631

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 61

FILED APR 10 1962

1. PLACE OF DEATH

a. COUNTY

Jasper

b. CITY (if outside corporate limits, give TOWNSHIP only)

OR TOWN Carthage

Length of stay in 1b

3 weeks

c. FULL NAME OF (if NOT in hospital, give location)

HOSPITAL OR INSTITUTION McCune-Brooks Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Jasper

c. CITY

OR TOWN

Carthage

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

Route 1

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

PLEAS

RICHARDSON

4. DATE OF DEATH

Month

Day

Year

3

31

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1-31-1880

9. AGE (last birthday)

82

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired merchant

10b. KIND OF BUSINESS OR INDUSTRY

Merchant

11. BIRTHPLACE (City and state or country)

Avilla, Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

V. F. Richardson

13b. MOTHER'S MAIDEN NAME

Ellena Horton

14. NAME OF HUSBAND OR WIFE

Mollie E Mize

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv

16. SOCIAL SECURITY NO.

17. INFORMANT

9A Fred Richardson, R1 Carthage, Mo

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CORONARY INSUFFICIENCY

INTERVAL BETWEEN ONSET AND DEATH

4 wks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

CORONARY ARTERIOSCLEROSIS

UNKNOWN

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec. 28, 1950, to 3/31/62 and last saw him alive on 3/30/62
Death occurred at 3-31-1962 12:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Paul H. Price M.D.

22b. ADDRESS

22c. DATE SIGNED

4-3-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Cremation 4-3-62

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

D W Newcomer

23d. LOCATION (City, town, or county)

Kansas City

(State)

Mo

24. FUNERAL DIRECTOR

ADDRESS

KNELL MORTUARY Carthage, Missouri

25. DATE RECD. BY LOCAL REG.

4-3-62

26. REGISTRAR'S SIGNATURE

Ely Christen

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0497

2 0490

3

4 0

5 2

6

7 0

8 2

9 4201

10

11

12 2-0

13 3-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Robert A Knell

Licensed Embalmer No. _____

4459

P. O. Address _____

Carthage Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.